

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1		1			
17		1		1		
18						
19						
20						
21						
22						
23						
24						
25		1				
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38						
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41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		14			
TOTAL DEP.	22	22	33	33		
TOTAL CLAIMS	24	24	37	37		

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
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58				
59				
60				
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94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS